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CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

BERIHU HADERA EKADU
PRISONER/PLAINTIFF,
STATE OF CALIFORNIA
DEFENDANT(S).

CASE NUMBER

'07CV 2116 JM CAB

REQUEST TO PROCEED WITHOUT
PREPAYMENT OF FILING FEES WITH
DECLARATION IN SUPPORT

I, BERIHU HADERA EKADU, declare under penalty of perjury, that the following is true and correct; that I am the prisoner-plaintiff in the above entitled case; that in support of my request to proceed without prepayment of fees under 28 U.S.C. Section 1915, I declare that because of my poverty I am unable to pay the full costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed in prison? ☐ Yes ☒ No BUT I HAD I.T. ASSIGNMENT FOR 7 DAYS ON
 - a. If the answer is yes, state the number of hours you work per week and the hourly rate of pay:
I HAD I.T. ASSIGNMENT FOR 7 DAYS ON SEPTEMBER
IN THE WEST SIDE \$5.25/hr, 6 hrs PER WEEK, TOTAL 12 HRS BE
 - b. State the place of your incarceration PATTON STATE HOSPITAL
Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.
2. Have you received, within the past twelve months, any money from any of the following sources?
 - a. Business, profession or form of self-employment? ☐ Yes ☒ No
 - b. Rent payments, interest or dividends? ☐ Yes ☒ No
 - c. Pensions, annuities or life insurance payments? ☐ Yes ☒ No
 - d. Gifts or inheritances? ☐ Yes ☒ No
 - e. Any other income (other than listed above)? ☐ Yes ☒ No
 - f. Loans? ☐ Yes ☒ No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months: _____

REQUEST TO PROCEED WITHOUT PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) ☐ Yes ☒ No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ No

If the answer is yes, describe the property and state its approximate value: _____

5. In what year did you last file an Income Tax Return? 12 YEARS AGO

Approximately how much income did your last tax return reflect? UNKNOWN

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:

MANY BUT I AM UNABLE TO SUPPORT THEM
NOW

I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).

STATE OF CALIFORNIA
State

LOS ANGELES COUNTY & OR CITY
County (or City)

I, BERIHU HADEKA FRADU, declare under penalty of perjury that the foregoing is true and correct.

08/11/2007

Date

Berihu H. Fradu

Prisoner/Plaintiff (Signature)

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REQUEST TO PROCEED WITHOUT PREPAYMENT OF FILING FEES WITH DECLARATION IN SUPPORT

PRISONER AUTHORIZATION

If my request to proceed without prepayment of filing fees is granted, I understand that I am required by statute to pay the full amount of the filing fees for this case, regardless of my forma pauperis status and the disposition of this case. I further authorize the prison officials at this institution to assess, collect and forward to the Court the full amount of these fees, in monthly payments based on the average of deposits to or balance in my prison trust account in accordance with 28 U.S.C. Section 1915.

Leah M. Rodin

Prisoner-Plaintiff (Signature)

CERTIFICATE OF AUTHORIZED OFFICER

I hereby certify that the Prisoner-Plaintiff herein has credit in the sum of \$ 7.64 on account at the Patton State Hospital institution where ~~Prisoner-Plaintiff~~ ^{patient} is confined.

I further certify that during the past six months the applicant's average monthly balance was \$ 23.33. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 23.33.

A certified copy of the ~~prisoner~~ ^{patient}-plaintiff's trust account statement for the last six (6) months is attached.

10-16-07

Date

Maya G. Hain

Authorized Officer of Institution (Signature)

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